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CONFIRMATION NO. 8916

SERIAL NUMBER 10/672,815	FILING OR 371(c) DATE 09/26/2003 RULE	CLASS 015	GROUP ART UNIT 1744	ATTORNEY DOCKET NO. 7127-00
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APPLICANTS

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**** CONTINUING DATA *******

NONE

**** FOREIGN APPLICATIONS *******

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/18/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>MA</u> Initials <u>MS</u>				

ADDRESS

23909

TITLE

Flexible toothbrush head

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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